

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

Farhad Niroomand

Mailing Address 1135 N Oak Cliff Blvd

City

Dallas

State

TX

Zip Code

75208-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: A3EBDC28B8C4C4369B7B

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Bill V. Way

Mailing Address 803 Rock Canyon Dr

City

Duncanville

State

TX

Zip Code

75137-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: A51795DF11E1D4732896

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Seemal Desai

Mailing Address 3827 Holland Ave  
Apt A

City

Dallas

State

TX

Zip Code

75219-4532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for Skin & Cosmetic  
Dermatology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: A61E3D4D1F0D34986AA9

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....